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ALCOHOL AND DRUG ABUSE DIVISION
MONTANA DEPARTMENT OF INSTITUTIONS
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NOVEMBER/DECEMBER, 1983

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ANDERSON APPOINTED

Carroll South, Director of the Department of Institutions, announced in October that he appointed Robert Anderson, Administrator of the Alcohol and Drug Abuse Division. Bob has worked with alcohol and drugs for the past ten years. Bob started his career in the field as a Program Manager for the Drug Coordinators Office and later served as Bureau Chief for the Reporting and Evaluation Bureau. Bob is married and has two children.

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EDITORIAL

With the new year, the division staff will continue to work with programs to ensure that quality treatment services are available within all counties in Montana. In concert with local programs, we will continue to stress efficiency and effectiveness of services provided. Over the past few years public funding for treatment services has increased slightly while inflation and the demand for services has increased dramatically. The Division will continue to encourage and assist programs in identifying and obtaining other sources of funding (i.e., insurance and client fees) so that the quantity and quality of services in Montana can be maintained and/or expanded.

The Division would like to take this opportunity to "Thank" all chemical dependency service providers for their hard work and dedication during 1983 and for a Happy, Fulfilling and Rewarding 1984!!

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QUOTE TO NOTE: "Today's young people more readily become alcoholic because of marijuana. Where, in our youth, if we drank we would detoxify by regurgitation, today's young suppress the nausea by smoking marijuana and thus progress more quickly to alcoholism." -- Carlton Turner, White House Officer of Domestic Policy.

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OBTAINING INSURANCE PAYMENTS WORKSHOP

The Alcohol and Drug Abuse Division is sponsoring a training session on obtaining insurance payments January 27, 1984. This workshop will, hopefully, answer all questions programs may have regarding SB 107 and the resulting changes in "the insurance law" 33-22-701 through 704 MCA.

The workshop will be held from 9:00 a.m. to 4:00 p.m. in the SRS 1st floor auditorium, 111 Sanders Street, Helena, with the following training assignments:

9:00 a.m. - 10:15 a.m. - Janie Kerr - Inpatient Procedures.

10:30 a.m. - 11:45 a.m. - Ken Anderson - Outpatient Procedures and DSM III.

1:00 p.m. - 2:15 p.m. - Carl Tanberg - Blue Cross of Montana and other insurance requirements.

2:30 p.m. - 3:30 p.m. - Practical Application - Forms, etc.

3:45 p.m. - Questions, Etc.

Obtaining Insurance Payment Workshop (continued)

Certificate of completion will be awarded to all attending the training worth one certification point.

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SPECIAL INSURANCE COVERAGE

Special insurance coverage for treatment of alcohol and other drug abuse problems will be more widely available, said National Underwriter. It's a result of a three-year demonstration project. Demonstration was conducted by Blue Cross and Blue Shield Association, and Blue Cross and Blue Shield plans in Philadelphia, Albany (NY), and Alabama. During the project, 44 employer groups covering 110,000 subscribers opted for the alcohol and drug benefit....Funding for the project was provided by NIDA and NIAAA.

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EFFECTIVE USE OF PEER PRESSURE

Insurance Bureau of Canada aiming advertising and public relations campaign against impaired driving at friends, relatives and co-workers of drinking driver. Theme: "What would you do if your friend intended to drive after having too much to drink?"

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ANALYSIS OF INSURANCE COVERAGE FOR ALCOHOLISM

Analysis of insurance coverage for alcoholism in America is available in booklet form from a Newport Beach, California firm pushing for greater availability of such coverage. Write: Care Institute, 660 Newport Center Drive, Newport Beach, California 92660. Phone 714/640-8950.

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"FOCUS" ON COUNTY DUI PLANS AND GRANTS

Recently Al Goke, Administrator, Highway Traffic Safety Division, Department of Justice, met with ADAD staff for this interview and explained the new DUI plan and grant program.

1. What is the DUI grant your office received to be used for?

Response: Let me include with my response background information that will provide the depth of our program. The Federal Government in October of 1982 passed a law intended as an incentive for states to align themselves or increase support and in so doing they would receive incentive money. One way to do this would be to accomplish legislative goals. The Federal Government also sent out a list of rules to qualify and quite serendipitously our last legislature passed sufficient legislation to make Montana eligible for a grant. Under the federal incentive program, Montana is eligible to apply for \$365,000 per year each year for the next three years and I want to emphasize they were eligible to apply for the funding, it is not automatic nor guaranteed. Second and third year renewals of the grant are contingent upon demonstrated progress of the grant. The grant from the federal government was not sought, however, my office did make the legislature aware that we may be in line to receive the grant and we promised them that if we did receive the grant, all money would be spent at the local level rather than part at the local and part at the state level.

"Focus" on County DUI Plans and Grants (continued)

2. What is the total amount of the grant at the state and local level? Is there a match requirement for this grant? What formula or system was used to determine the county by county allocations of the funding?

Response: As I mentioned previously, the state received \$365,000 this year and is eligible to receive a similar amount for two additional years. We have used the state level activities of the Highway Patrol and forensic lab as match since their activities are generic to alcohol enforcement. Because of the match requirement, soft match is permissible, therefore, we have indicated that it is essential that each county DUI task force keep accurate records of volunteer hours spent in meetings, hours spent by local government employees assisting county task forces with data collection and plan preparation and new activity or increased effort in the DUI area that is supported by public or private funds. The match requirements the first year are 75% federal, 25% state; second year 50% federal and 50% state; and third year 25% federal and 75% state. The formula that we found most equitable for distribution purposes was: the 1982 reported auto accidents statewide divided by the accidents per county to determine per county funding. To compensate for discrepancies in some rural counties I have also included a minimum funding amount of no less than \$1,000. In studying various formulas it became evident to us in adopting the formula we finally decided upon that accidents follow the exposure which also follows population base. We have been asked by some of the rural counties if a multi county plan is acceptable so that they may receive a larger amount of money to work by entering into local agreements for planning. The answer is yes, not only acceptable but strongly encouraged. I should note here that we plan to have all county plans approved by the end of June, 1984 or we will reallocate the money to those counties that have submitted a plan we have approved. For our funding, we will only contract with county commissions, however, they may, if they elect, subcontract activities from agencies within a county. Limited technical assistance on preparation of a county plan is available through my office with either Candice Compton or myself providing the technical assistance.

COUNTY DUI ALLOCATIONS

Beaverhead	3,500	Madison	1,890
Big Horn	5,030	Meagher	1,070
Blaine	2,280	Mineral	3,000
Broadwater	1,740	Missoula	33,105
Carbon	3,890	Musselshell	1,850
Carter	1,000	Park	4,850
Cascade	37,340	Petroleum	1,000
Choteau	1,890	Phillips	1,500
Custer	6,790	Pondera	1,980
Daniels	1,000	Powder River	1,000
Dawson	6,240	Powell	2,200
Deer Lodge	2,630	Prairie	1,000
Fallon	1,000	Ravalli	7,180
Fergus	5,640	Richland	8,030
Flathead	25,480	Roosevelt	4,000
Gallatin	24,110	Rosebud	4,110
Garfield	1,000	Sanders	2,790
Glacier	3,350	Sheridan	3,480
Golden Valley	1,000	Silver Bow	15,880
Granite	1,570	Stillwater	3,390
Hill	11,160	Sweet Grass	2,200
Jefferson	4,590	Teton	1,780
Judith Basin	1,570	Toole	2,350
Lake	6,180	Treasure	1,000
Lewis & Clark	14,580	Valley	3,480
Liberty	1,000	Wheatland	1,000
Lincoln	6,610	Wibaux	1,000
McCone	1,000	Yellowstone	63,980
			363,265

3. Is there a requirement what the funding must be used for?

Response: Expenditures of this funding must relate directly to an identified problem in the DUI area. Funding may not be used to supplement local funding and only traffic safety programs will be funded. Generally then, intervention and treatment programs are not allowable for funding. I want to emphasize generally since I am sure there will be instances related directly to DUI that will be eligible for funding or Court School projects operated by program may very well be eligible for funding. As an example, improvement of local court schools including training for instructors or development of the program with new equipment for the program. I want to emphasize that included in the amount individuals are now paying to attend the Court School is a percentage for self-sufficiency of the program which would include the purchase of films or projectors that become worn or damaged from continued use in normal court school operations.

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ANN CARTER - NEIGHBOR TO NEIGHBOR

This issues featured counselor is Ann Carter of Region III. Ann works for the Alcohol and Drug Services of Central Montana, Inc., in Lewistown. She has had the opportunity to observe the growth and changes the program has undergone since she started about the same time the program did in October of 1977. Ann has Chemical Dependency counselor certification number 89 hanging proudly behind her desk. Ann serves as Assistant Director, Family Counselor, Secretary and "Jo Handy."

Ann's program serves a four county area: Fergus, Petroleum, Judith Basin and Wheatland. Services offered clients include: Chemical dependency and family member counseling both one to one and groups, crisis intervention, family intervention, DUI court school, public information and education, school lectures and a film library for residents of the area served. The goal of the program is six month out-patient as appropriate services supplemented with AA or Al-Anon participation and maintenance after treatment in the Fellowship.

Ann became interested in treatment services through her participation in Al-Anon. She attended the College of Great Falls to gain counseling skills and "textbook knowledge" necessary for working in the field. She did share that she knows how true the gross expression is: "The spouse is as sick as the souse". "Often family members are so locked into denial they can't stand their life as it is but yet they are afraid to change it. Family members must be made to understand that they are responsible only for themselves. That they have worth and deserve a life that is satisfactory to themselves. They must put the spotlight on themselves before they can recover. People come in and want us to fix things for them immediately and we must bring them to the point that they understand we can't do it for them, we work with them. We aren't in the business as healers."

Ann has five grown children and four grandchildren: Tom's family lives in Lewistown including two grandchildren, Carol's family lives in Lewistown including two grandchildren and Charlie Brown, Suzanne in Pennsylvania, Judy in Helena and Linda in Phoenix. This job was Ann's first position outside of the home in thirty-two years and to begin with was both difficult and frightening. Ann said "I was so very fortunate to have started with Andy Anderson who helped me rediscover esteem and self-worth." She said she hopes to continue working as long as she feels useful and can maintain a rapport with clients.

If you are in the center of Montana, stop in for a visit and cup with Ann (538-8421).

Thanks Ann for your service to the Chemical Dependent and their families!

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THE JEANNETTE RANKIN FOUNDATION

The Jeannette Rankin Foundation, a nonprofit corporation named after the first woman elected to the US Congress, from Montana, will award \$750 to women aged 35 or older who are planning to enter or reenter the workplace and who need to pursue a formal program of education, training or retraining to meet their goals. Contact: Awards Committee, The Jeannette Rankin Foundation, PO Box 4045, Athens, GA 30602; 404-769-7529. Deadline for postmark of application and references is April 1, 1984.

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BUTTE INDIAN ALCOHOL PROGRAM

The Butte Indian Alcohol Program was started in 1974 with Ozzie Williamson and Della Laircamp as counselors under the direction of Michelle Robinson, who was the Director of the North American Indian Alliance. Services provided by the program include walk-in referrals, one-to-one counseling, group-counseling, 7-bed transitional living facility [generally full with a waiting list], youth prevention and education program. The program receives a great deal of recognition for its unique youth prevention program. Recently the youth enrolled in the program sang Christmas carols at two Butte Nursing Homes accompanied by other youngsters providing Indian sign language of the carols for the audience. One of the most festive days for the youth program is in participation with the Butte Mexican-American children, and that is the celebration of Our Lady of Guadalupe Day, December 12th. This begins with mass followed by a festival including Indian dancing and a banquet including such traditional favorites as fry bread. Another important landmark for the program comes in March with the celebration of both of the director's birthdays. During the month a two-day Pow Wow is held with trophy dancing and cash prize dancing. The director this past year used his treaty payment money of \$4,742.00 to sponsor a special Pow Wow for the Native American youth of Butte and the State of Montana. "The money was shared with friends rather than be tempted to do something foolish with it."

One protocol the program would like to add in the future is a Sweat Lodge somewhere in the hills near Butte alongside a stream.

The staff of the program include Aaron Perry (203), Director; Dee McCleod (209), Assistant Director; Lee Jaeger (191), Counselor; Avis Spencer, Data Coordinator; and Bill Chosa, Acting Manager for the Group Home.

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WORKING WITH EVALUATORS, a guide for drug abuse prevention program managers, was written to assist prevention program staff in working cooperative and effectively with evaluators and researchers. Single copy free. Order from: National Clearinghouse for Drug Abuse Information (NCDAI), P. O. Box 1908, Rockville, MD 20850.

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BOOKLET ENTITLED "Employee Assistance Programs Theory and Operation," was developed by Aluminum Co. of America, as a public service. To obtain a copy or ask about resources in your area familiar with employee assistance, contact: Corporate Employee Assistance Program, ALCOA, P. O. Box 104, Pittsburgh, PA 15219. Phone 412/553-4545.

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NARCOTICS (NOT ALCOHOL) IS TOP DRUG PROBLEM facing U.S. nurses, according to Pat Benedict, retired Navy commander and nurse. She's a member of California task force on chemically dependent nurses.

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AT-HOME URINE ANALYSIS, aimed at detecting traces of certain drugs, to be made available in January. Will sell for about \$15 for each test, according to Louis Dominquez, vp, Checkpoint Laboratories, Manassas, VA.

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NEW STATE APPROVALS

Rocky Mountain Treatment Center, Inc.
920 4th Avenue North
Great Falls, MT 59405

32-bed, Inpatient Free-Standing

Director: Robert Rowland - Phone 727-8832

Wilderness Treatment Center, Inc.
200 Hubbart Dam Road
Marion, MT 59925

18-bed, Inpatient Free-Standing

Director: John Brekke - Phone 854-2832

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PANAMA BECOMING TOP SPOT to deposit illegal narcotics profits, reported Wall Street Journal. Secrecy of banks, proximity to Miami lure dealers. It's a tax haven with one of Western Hemisphere's tightest bank secrecy laws....Anti-Castro group released 88-page report, charging that Cuba is involved in production and trafficking of narcotics "promoting addiction, violent crime, corruption and obtaining hard currency." DEA Administrator Francis M. Mullen Jr called report objective but said he couldn't confirm accuracy of all its conclusions. DEA, he added, believes Cuban government has facilitated a flow of drugs into U.S. through the Caribbean area....Narcotics Control Digest reported, that Persian Gulf oil sheikdoms are awash in hard drugs.

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LAW ENFORCEMENT PROS worry that Reagan administration's campaign to "end the drug menace and cripple organized crime" is largely political and may fall embarrassingly short, reported Wall Street Journal. Federal Judge Kaufman, chairman of new federal Organized Crime Commission, says mob's power has never been greater and inflow of drugs is up. Policing of white collar crime lags. Career lawmen saying money would be better spent on prosecution.

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CERTIFIED SINCE SEPTEMBER/OCTOBER "HABIT"

Karren P. Olson
Vickey Johnson
Helen Mehrer
Deanna McLeod
John Garlinghouse
Joseph Scalia
Margaret Butcher
Sheldon Clark
Matthew Dale
Sherry Daly
Nancy Jo McElroy
Kathy Ruppert
H. Edwin Shepherd
Kathleen Urdahl
Marcia Richard

District III, Forsyth
District III, Baker
Hill-Top Recovery, Havre
Butte Indian Alcohol & Drug Program
Independent
Missoula A & D, Superior
Lewistown A & D Program
District II, Glendive
Shodair Adolescent Program
Burlington Northern E.A.P, Billings
S.C.M. A & D Program, Billings
F.V.C.D.S., Kalispell
St. Patricks C.D.U., Missoula
S.C.M. A & D Program, Billings
Independent

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CERTIFICATION

Your attention should be directed toward the following certification items which, in the course of every day events, are easily overlooked.

1. Re-Certification. The expiration date on your certificate is the date on or before which you must be recertified. This is accomplished by accumulating thirty (30) points over the 3 year period covered by your certificate. Half of these points (15) can come from work experience at 1 point per month. The remaining 15 points must be derived from workshop training or college course work taken after your date of original certification. All expiration dates fall on the 30th of June. Several certificates bear an incorrect expiration date. All June 30, 1987 dates should read June 30, 1986. If you have one of these please send it to ADAD to be corrected. We can't grant you the extra year.
2. If your certificate reads "alcoholism counselor" or "drug counselor" you should, at your earliest convenience, mail it to the A.D.A.D. office where it will be changed to the new endorsement designation, "chemical dependency counselor." Approximately 60 people still have the old certificates.
3. The new certification rules became effective October 14, 1983. These rules will apply to all applicants registered on or after that date. Significant changes are:
 - a. Each applicant is limited to three (3) attempts for each of the 3 examinations. After 3 unsuccessful attempts the applicant must wait one year before again attempting the exam.
 - b. We will no longer take up to 10 points from your work experience or workshop training points and add them to your oral exam score. Scores will reflect only the panel's rating of the applicant. 35 points minimum passing grade and 50 points maximum attainable.
 - c. Since there will no longer be separate alcohol and drug oral exams, the chemical dependency counselor examination will include both alcohol and drug questions. The composition of the written exam will remain the same.
 - d. There will be no fee for certification. Please pay your taxes promptly.

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WORKSHOP TRAINING AND CERTIFICATION

Some training workshop sponsors or trainers are not providing certificates or letters to individual participants. This is one of the requirements for workshop approval for certification points. Several sponsors have sent a list of registrants to the certification section requesting certification credit for those people on the list. This is not in compliance with the pre-approval agreement. Such a list indicates only that you have registered and not that you have attended the training full time. In the future we will not accept such lists as proof of attendance. At the start of any workshop, obtain assurance from the trainer that you will receive a letter or a certificate upon completion. One copy can then be sent to the certification section and one copy can be placed in your personnel or training file.

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U.S. SUPREME COURT agreed to decide, in a New Jersey case, if evidence of a student crime must be thrown out of court when school official who made search failed to observe same strict rules applying to police...Involves a vice principal's discovery of marijuana in a student's purse...A 14-year-old girl at Piscataway High School, near New Brunswick, NJ, was escorted to office of vice principal after being suspected of smoking in a lavatory...NJ Supreme Court rules that a school official may search a student's belongings without a warrant only when there's "reasonable grounds to believe that a student possesses evidence of illegal activity or activity that would interfere with school discipline and order."

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CAUTION: DRUGS AND ALCOHOL DON'T MIX

(NOTE: The following article and table are reprinted from Outlook, Vol. 4, No. 2, October 1983, newsletter of the New York State Division of Substance Abuse Services.)

Many people know better than to mix different drugs, but they absent-mindedly may drink alcohol while taking some medication. The effects - when the two are added together - can be drastic. Alcohol and certain drugs work in the same areas of the brain, so some combinations greatly intensify these effects. Or - the alcohol may interfere with the working of the drug, making a normal dosage

ineffective in fighting the disease properly. Some combinations produce unpleasant and dangerous side-effects.

The following table shows the possible consequences of mixing alcohol with certain types of medication. Past drinking habits, the amount of alcohol consumed, chronic ailments, and the age and weight of the person can alter these effects. The time element also varies and some drugs remain in the system for as long as several days. (Table has been adapted from one supplied as a courtesy of Teamster Center Services, Teamster Joint Council No. 16 and Management Hospitalization Fund, of Montefiore Hospital and Medical Center, The Bronx.)

DRUGS

TRANQUILIZERS

E.g., Miltown, Vallium, Librium, Ativan, Serax, Tranxene, Xanax, Equanil, etc.

OVER-THE-COUNTER PAINKILLERS

Non-narcotic analgesics like Aspirin, Bufferin, Excedrin, Anacin, Pabalate, Alka Seltzer, Empirin, Arthritis Pain Formula, etc.

PRESCRIPTION PAINKILLERS

Narcotic analgesics such as Demerol, Darvon, Codeine and Codeine combinations, Dilaudid, Percodan, etc.

TIME-RELEASE CAPSULES & COATED PILLS

Such as Contac, vitamins, etc.

CENTRAL NERVOUS SYSTEM STIMULANTS

Most diet pills, Dexedrine, Caffeine, coffee, Ritalin, Benzedrine, etc.

SLEEP MEDICINES

Such as Quiet World, Sleep-Eze, Sominex, etc.

PRESCRIPTION SLEEP AIDS

Sedative hypnotics such as Dalmane, Seconal, Nembutal, Tuinal, Quaalude, Phenobarbital, etc.

ANTIHISTAMINES

Most cold & cough remedies such as Actifed, Coricidin, Contac, Dristan, Dimetapp, Ornade, Nyquil, etc. Also used to treat allergies and motion sickness.

"MAJOR" TRANQUILIZERS

Psychotropics such as Sparine, Mellaril, Thorazine, Prolixin, etc.

ANTIBIOTICS

Antifective agents such as Flagyl, Erythromycin, Chloromycetin, Tetracycline, Seromycin, Furoxone, Fulvicin, etc.

HIGH BLOOD PRESSURE MEDICATIONS

Hypertensive agents like Serpassil, Aldomet, Apresoline, Capoten, Catapres, Inderal, etc.

DIURETICS

To rid the body of excess water and also to treat high blood pressure. E.g. Diuril, Lasix, Hydromox, Hydroton, Hydrodiuril, Esidrex, etc.

ANTICOAGULANTS

E.g., Panwarlin, Dicumarol, etc. to prevent blood clotting.

ANTIDEPRESSANTS

Such as Tofranil, Pertofrane, Trilavil, Elavil, Sinequan, etc.

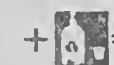
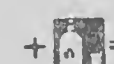
ANTICONVULSANTS

E.g., Dilantin, Zarontin, Tegretol, Myaloline, Phenobarbital.

ANTI-DIABETIC/HYPOGLYCEMIC

E.g., Insulin, Diabenase, Orinase, Tollinase, etc.

PLUS ALCOHOL



CONSEQUENCES

Decreased alertness and judgement can lead to household and auto accidents. An especially dangerous combination—even fatal.

Increases possible irritation and bleeding in the stomach and intestines. Possible liver damage.

Reduction of central nervous system functioning can lead to loss of effective breathing and death.

Alcohol dissolves the coating so the full dose may be felt immediately instead of properly delayed.

The stimulant's effect may give the drinker a false sense of alertness. It does not help an intoxicated person gain control of his movements.

Alcohol greatly increases the drug's potency which depresses the central nervous system.

Can be a fatal combination causing coma or breathing failure.

Drowsiness and loss of alertness making driving and operation of machinery very hazardous.

Additional depression of central nervous system functions including severe impairment of voluntary movements such as walking and use of the hands. Can cause respiratory failure and death. Liver damage.

Some can cause nausea and vomiting (especially those for urinary tract infections). Some are rendered less effective.

Taking with alcohol is very hazardous as it can lower blood pressure to dangerous levels.

Reduction in blood pressure causing dizziness on standing.

Alcohol increases the drug's ability to stop clotting which can lead to life-threatening bleeding. In chronic drinkers the drug may be less effective.

A person's ability to operate normally is lessened. Certain combinations can cause blood pressure crisis.

The drug's ability to stop convulsions is lessened. Blood disorder side-effects may be exaggerated.

Severe and unpredictable reactions. Patients taking these medications should avoid alcohol.

320 copies of this publication were produced at a unit cost of \$.41 per copy, for a total cost of \$131.20 which includes \$96.00 for printing and \$35.20 for distribution.

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